

North Shore School District Census Form

DISTRICT CENSUS FORM

NORTH SHORE CENTRAL SCHOOL DISTRICT
112 Franklin Avenue, Sea Cliff, NY 11579

***North Shore High School, North Shore Middle School,
Glen Head Elementary, Glenwood Landing Elementary, Sea Cliff Elementary***

PLEASE PRINT ALL INFORMATION:

Address _____
(House #) (Street) (Floor #/Apt #) (Town / Post Office) (State) (Zip Code + - - - -)

Type of dwelling: 1 Family _____ 2 Family _____ Apartment # or Floor # _____ PO Box# / **GWL only** _____

Home Phone # _____

Parent #1 _____ first & last name Parent #2 _____ first & last name

Phones: _____
Parent #1 – cell Parent #1 – work Parent #2 – cell Parent #2 – work

Guardian (if applicable) _____
(Specify if foster parent)

Below list each child in the household (1day through 18 years of age). It is essential to list ALL pre-school children.

Please list children over 18 years of age if registered in the high school.

<u>Child's Full Name (first & last)</u>	<u>Gender</u> M / F	<u>Birth date</u>	<u>Attending:</u> Name of Public/Private/ Parochial School	<u>Handicapped</u> Yes* / No
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*If there is any person in your household between birth and 21 years of age who has been identified as either physically, emotionally, or mentally handicapped or who you suspect might be, please use the reverse side of this questionnaire to describe the condition of this person and his/her education status. Many educational opportunities are available for handicapped children.

ALL INFORMATION REPORTED ON THIS FORM IS CONFIDENTIAL

Have we missed any new homes in your area? Your help with this information would be of great assistance in making our census more accurate.
